

INSTRUCTIONS FOR COMPLETING JUVENILE INDIGENT DEFENSE FEE CLAIM FORM

Type only in the spaces provided on the form.

1. **County** Enter the name of the county in which the appointment originated.
2. **Court Number** Enter the case number.
3. **Claim Type** Indicate whether you are a contract or non-contract attorney.
4. **Client First Name** Enter client's first name.
5. **Client Last Name** Enter client's last name.
6. **Case Name** Enter the name of the child in interest in the case.
7. **Date of Appointment** Enter the effective date of the court appointment. *If prior claims in the case have not been paid*, include a copy of the Appointing Order directly behind the claim form.
8. **Representing** Indicate whether you represented a "juvenile," "parent" or "other." If "other," explain.
9. **Date of Service** In a juvenile case, the date of service is generally the date of the dispositional hearing, most recent review hearing, or the date of dismissal. The Iowa Code requires that claims be filed within three months of the date of service. EXCEPTION—Claims with a date of service before July 1, must be submitted and paid before August 31 to be timely. Payment of untimely claims may be delayed.
10. **Represented Client in Juvenile Court for** Check the appropriate box indicating the type of case. Commitment includes both mental health and substance abuse commitments. Judicial bypass refers to proceedings under Iowa Code chapter 135L.
11. **Iowa Code Section(s) In delinquency cases only**, list the most serious offense charged against the juvenile.
12. **Claim Summary** Provide the information on lines 13 through 22.
13. **Out-of-Court Hours** Enter the total hours, as shown on the itemization, claimed as out-of-court hours. Indicate hours in tenths. Do not include time spent preparing the fee claim. Note: If the itemization lists activities which are partially out-of-court and partially in-court, they should be listed as out-of-court time.
14. **In-Court Hours** Enter the total hours, as shown on the itemization, claimed as in-court hours. Indicate hours in tenths. Note: If the itemization lists activities which are partially out-of-court and partially in-court, they should be listed as out-of-court time.
15. **Total Attorney Hours** Combine lines 13 and 14.
16. **Rate** Enter hourly rate for total attorney hours and multiply line 15 by the rate and enter the total.
16. **Paralegal Hours** Enter the total hours, as shown on the itemization, claimed as paralegal hours.
17. **Rate** Enter hourly rate for total paralegal hours and multiply line 17 by the rate and enter the total.
18. **Hourly Fee Subtotal** Combine the extended amounts on lines 16 and 18 and enter the total.
19. **Expenses** List separately amounts claimed for telephone, copies, mileage, meals/lodging, postage, and other appropriate out-of-pocket expenses.
20. **Expense Total** Combine all expenses claimed.
21. **Claim Total** Combine lines 19 and 21 and enter the total here.
22. **Most Recent Hearing** Check the appropriate box to indicate the most recent hearing held in the case.
23. **Billing Status** Indicate whether prior claims have been submitted in this case and, if so, the total amount billed previously.
24. **Date** Indicate the date on which the claim was signed.
25. **Signature** The attorney appointed to the case must sign the form. Type/print first name [including initial] and last name in boxes.
26. **Make Payment to** Enter the name, address, telephone number, fax number, and Federal tax identification, or social security number in the appropriate boxes. If any of this information is different than prior claims, check "Change of Information."
27. Approved for Payment - Leave Blank.

Attachments Attached to the claim form should be the following, **in this order**: a copy of the order appointing counsel, any application and order to exceed fee limitations, one itemization detailing the dates, services provided and billable hours for each service, and receipts for out-of-pocket expenses paid. [Note: It is not necessary to include a copy of the appointing order, if prior claims in the case have been paid.] The itemization should separately delineate in-court time, out-of-court time, paralegal time, and all expenses claimed. The total hours claimed should be the same as on the front of the claim form.

For assistance in completing this claim, contact the State Public Defender's Office at 515-242-6158